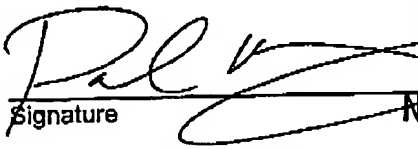


TRANSMITTAL FORM		Application Number		10/606,504			
		Filing Date		June 26, 2003			
		First Named Inventor		James P. Peterson			
		Art Unit		1774			
		Examiner Name		Betelhem Shewareged			
Total Number of Pages in This Submission		11		Attorney Docket Number		200920-9007	
ENCLOSURES (check all that apply)				PETITION FOR EXTENSION OF TIME			
<input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> Before Final <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Other:				This is a request under the provisions of 37 CFR 1.136(n) to extend the period for filing a reply in the above identified application. <input checked="" type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$60.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.			
CLAIMS FEES							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	17	-	20	=0	x 25=	\$0	x 50=
Independent	3	-	3	=0	x 100=	\$0	x 200=
					+ 180=	\$0	+ 360=
<input type="checkbox"/> First Presentation of Multiple Claim							
FEES							
<input type="checkbox"/> Additional Claim Fee							\$0.00
<input checked="" type="checkbox"/> Extension fee for one-month							\$60.00
<input type="checkbox"/> Information Disclosure Statement							\$0.00
<input type="checkbox"/> Surcharge for Missing Parts - Declaration							\$0.00
<input type="checkbox"/> Terminal Disclaimer							\$0.00
TOTAL FEES							\$60.00
PAYMENT OF FEES							
<input type="checkbox"/> A check in the amount of \$ 0.00 is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$60.00.							
SIGNATURE OF ATTORNEY							
Paul M. McGinley, Reg. No. 55,443 MICHAEL BEST & FRIEDRICH LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				<div style="text-align: center;">  Signature </div> <div style="text-align: right;"> RECEIVED OIPE/IAP NOV 03 2005 </div> <div style="text-align: right;"> Date: November 2, 2005 </div>			
CERTIFICATE OF TRANSMISSION/MAILING							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler		Date: November 2, 2005	
Signature				